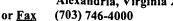
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Betty Vowles	(Depositor's name)
Better Voulez	(Signature)
February 2, 2004	(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/439.040	11/12/1999	JACOBUS J.M. VAN DONGEN	4222US	1168

TITLE OF INVENTION: MOLECULAR DETECTION CHROMOSOME ABERRATIONS

SMALL ENTITY

nonprovisional	nonprovisional NO)	\$0	\$1330	02/05/2004
EXAMINER		ART UN	IIT CL	ASS-SUBCLASS	7	
WILDER, CYN	NTHIA B	1637		435-006000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of up to agents OR, altern firm (having as a agent) and the na	the patent front page 3 registered patent a atively, (2) the name member a registered mes of up to 2 regis s. If no name is liste	attorneys or 1 Tras of a single attorney or 2 tered patent	skBritt
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